

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project #	Postmark	Date Received	Notification #
--------------------	----------	---------------	----------------

I. Type of Notification (check one): ☒ Original ☐ Revised ☐ Canceled

II. Facility Description
 Building Name: Times Square Shuttle Station
 Address: Times Square 42nd Street Shuttle Line IRT
 City: Manhattan State: NY Zip Code: 10036 County: Manhattan
 Site Location : _____
 Building Size (square feet): 50000 # of Floors: 1 Age in Years: 50+
 Present Use: Other Prior Use: Other

III. Type of Operation (check one): ☐ Demo ☐ Ordered Demo ☐ Renovation ☐ Emergency Renovation ☐ Fire Training

IV. Is Asbestos Present? (check one): ☒ Yes ☐ No

V. Facility Information
Owner Name: NYC Transit
 Address: 2 Broadway, 2nd Floor
 City: New York State: NY Zip Code: 10004
 Contact: Mohammad Khan Telephone: (646) 252-3527 Fax: _____
Removal Contractor Name: ATCO Contracting Group, Inc.
 Address: 34-52 11th Street
 City: L.I.C. State: NY Zip Code: 11106
 Contact: Peter Viennas Telephone: (718) 606-1076 Fax: (718) 606-9558
Other Operator (demolition/general): MLJ Contracting
 Address: 1720 Whitestone Expressway suite 304
 City: Whitestone State: NY Zip Code: 11357
 Contact: Zachary Fenton Telephone: (347) 853-1952 Fax: _____

VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:
USEPA Procedures 600-MA-82-020 using PLM Analysis Polarize Light Microscopy.07/21/2014

VII. Approximate Amount of Asbestos Materials:

	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Insulation(linear feet)	854	112			
Surface Area (square feet)	3	69			
Facility Components (cubic feet)					

VIII. Scheduled Dates Demolition or Renovation: Start: _____ Complete: _____

IX. Dates for Asbestos Removal (MM/DD/YY) Start: 08/30/21 Complete: 08/29/22

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	<u>11pm-7:00am</u>	<u>11pm-7:00am</u>	<u>11pm-7:00am</u>	<u>11pm-7:00am</u>	<u>11pm-7:00am</u>		

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:
 This asbestos abatement will be done in accordance with the applicable New York State Industrial Code Rule 56 & EPA Dry Removal Variance Dated 11/18/2019. Methods will include double bagged for disposal purposes.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:
 Personal & Waste Decontamination Units, Negative Air Pressure Machines, HEPA Vacuums, PPE

XII. Waste Transporter #1

Name: ATC, Inc.

Address: 2 Moriches Middle Island Rd

City: Shirley

State: NY

Zip Code: 11967

Contact: Kenny Smith

Telephone: (631) 924-5050

Waste Transporter #2

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIII. Waste Disposal

Name: Minerva Enterprises LLC

Address: 8955 Minerva Rd

City: Waynesburg

State: OH

Zip Code: 44688

Contact: _____

Telephone: (330) 866-3435

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: _____

Title: _____

3. Authority of Order (Citation of Code): _____

4. Date of Order (MM/DD/YY): _____

Date Ordered to Begin _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency: _____

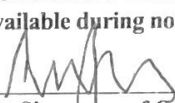
2. Description of the Sudden, Unexpected Event: _____

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled, will be wet with amended water and cleaned up with HEPA vacs, to be put in 6mil poly bags.

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.


 Signature of Owner/Operator

08/20/21

Date

Iakovos Antoniou/Project Manager

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.


 Signature of Owner/Operator

08/20/21

Date

Iakovos Antoniou/Project Manager

Type or Print Name and Title